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June 19, 2003

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The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, CA 90012

Dear Supervisors:

# REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED – 3 VOTES)

#### IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

John R. Payson, in amount of \$4,883.34 Claudio Preciado, in amount of \$37,978.14 Lucila B. Navarro, in amount of \$22,980 Rene A. Calman, in amount of \$4,935.33 Aleksandra P. Gankina, in amount of \$4,315.18

## **JUSTIFICATION:**

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

The Honorable Board of Supervisors June 19, 2003 Page 2

## **PURPOSE OF RECOMMENDED ACTION:**

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

## **Implementation of Strategic Plan Goals:**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

## **FISCAL IMPACT:**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,

MARK J. SALADINO Treasurer and Tax Collector

MJS:DA:tr z:Comp.56 Attachments

c: Chief Administrative Officer County Counsel

APPROVED LLOYD W. PELLMAN County Counsel

TRANSMITTAL NO. 56A

DATE: June 19, 2003

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

		Account	
Amount of Aid	\$42,574.00	Number	10691430
Amount Paid	0.00	Name	Payson, John R.
		Service	
Balance Due	42,574.00	Date	11/26/02 to 12/03/02
Compromise			
Amount Offered	4,883.34	Facility	LAC USC Medical Center
Amount to be		Service	
Written Off	\$37,690.66	Туре	Inpatient

### **JUSTIFICATION**

Mr. Payson was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of \$42,574.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

		Proposed	Percent of
Disbursements	Total Claim	Settlement	Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	350.00	350.00	2.33%
County of Los Angeles	42,574.00	4,883.34	32.56%
Net to Client	N/A	4,766.66	31.78%
Total	\$47,924.00	\$15,000.00	100.00%

Our financial investigation reveals that Mr. Payson is unemployed and receives Social Security benefits. He has no other source of income or tangible assets.

TRANSMITTAL NO. 56B

DATE: June 19, 2003

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

		Account	
Amount of Aid	\$107,524.00	Number	10478818
Amount Paid	.00	Name	Preciado, Claudio
		Service	
Balance Due	107,524.00	Date	02/11/00 TO 03/03/00
Compromise			
Amount Offered	37,978.14	Facility	LAC USC Medical Center
Amount to be		Service	
Written Off	\$ 69,545.86	Туре	Inpatient/Outpatient

### **JUSTIFICATION**

Mr. Preciado was a victim of a gunshot wound to the abdomen. He was treated at LAC USC Medical Center at a cost of \$107,524.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$120,000.00 and proposes the following disbursement:

		Proposed	Percent of
Disbursements	Total Claim	Settlement	Settlement
Attorney Fees	\$ 48,000.00	\$ 48,000.00	40.00%
Attorney Cost	1,343.00	1,343.00	1.11%
South Gate Physical Therapy	2,120.00	1,060.00	0.88%
Benjamin Broukhim, M.D.	1,680.00	840.00	0.70%
Ambulance	655.00	655.00	0.54%
County of Los Angeles	107,524.00	37,978.14	31.66%
Net to Client	N/A	30,123.86	25.11%
Total	\$161,322.00	\$120,000.00	100.00%

Our financial investigation reveals that Mr. Preciado is unemployed and receives support from a relative. He has no other source of income or tangible assets.

TRANSMITTAL NO. 56C

DATE: June 19, 2003

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

		Account	
Amount of Aid	\$316,340.00	Number	10671119
Amount Paid	.00	Name	Navarro, Lucila B.
		Service	10/26/01 to 01/04/02
Balance Due	316,340.00	Date	02/01/02 & 04/26/02
Compromise			
Amount Offered	22,980.00	Facility	Rancho Los Amigos M.C.
Amount to be		Service	
Written Off	\$293,360.00	Туре	Inpatient/Outpatient

## **JUSTIFICATION**

Ms. Navarro was involved in an automobile versus automobile accident. She was treated at Rancho Los Amigos Medical Center at a cost of \$316,340.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$150,000.00 and proposes the following disbursement:

		Proposed	Percent of
Disbursements	Total Claim	Settlement	Settlement
Attorney Fees	\$ 50,000.00	\$ 50,000.00	33.33%
Los Robles ER/Rad/Regional M.C.	369,427.35	25,023.00	16.68%
John J. Hernandez, M.D.	1,040.00	520.00	0.35%
Laidlaw Medical Transportation	1,096.75	598.00	0.40%
Block, Baker, Gonzalez-Karen MC	6,525.00	3,262.50	2.18%
Anesthesia & Pain Management	1,125.00	700.00	0.46%
Xtreme Medical	29,560.12	5,800.00	3.87%
County of Los Angeles	316,340.00	22,980.00	15.32%
Net to Client	N/A	41,116.50	27.41%
Total	\$775,114.22	\$150,000.00	100.00%

Our financial investigation reveals that Ms. Navarro is supported by her husband who earns a marginal income. She has no other source of income and no tangible assets.

TRANSMITTAL NO. 56D

DATE: June 19, 2003

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

		Account	
Amount of Aid	\$32,901.00	Number	10570497
Amount Paid	.00	Name	Calman, Rene A.
		Service	
Balance Due	32,901.00	Date	05/11/01 to 05/14/01
Compromise			
Amount Offered	4,935.33	Facility	LAC USC Medical Center
Amount to be		Service	
Written Off	\$27,965.67	Туре	Inpatient

## **JUSTIFICATION**

Ms. Calman was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$32,901.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

		Proposed	Percent of
Disbursements	Total Claim	Settlement	Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	194.00	194.00	1.29%
County of Los Angeles	32,901.00	4,935.33	32.91%
Net to Client	N/A	3,870.67	25.80%
Total	\$39,095.00	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Calman is unemployed and is supported by relatives. She has no other source of income or tangible assets.

TRANSMITTAL NO. 56E

DATE: June 19, 2003

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

		Account	
Amount of Aid	\$31,175.00	Number	10720198
Amount Paid	.00	Name	Gankina, Aleksandra P.
		Service	
Balance Due	31,175.00	Date	02/18/03 to 03/17/03
Compromise			
Amount Offered	4,315.18	Facility	Harbor UCLA Medical Ctr.
Amount to be		Service	
Written Off	\$26,859.82	Туре	Inpatient/Outpatient

## **JUSTIFICATION**

Ms. Gankina was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$31,175.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

		Proposed	Percent of
Disbursements	Total Claim	Settlement	Settlement
Attorney Cost	\$ 15.00	15.00	0.10%
Los Angeles City Fire Department	354.50	260.00	1.73%
Brotman Medical Center	3,861.56	965.39	6.44%
Western Radiology	422.00	295.00	1.97%
CA ER Doctors	270.00	270.00	1.80%
County of Los Angeles	31,175.00	4,315.18	28.76%
Net to Client	N/A	8,879.43	59.20%
Total	\$36,098.06	\$15,000.00	100.00%

Our financial investigation reveals that Ms. Gankina supports herself with State disability. She has no other source of income or tangible assets.